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## **Development of a Self-Management Psychosocial Intervention for Men With Prostate Cancer and Their Partners: Lessons Learnt From the “Real World”**

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## **Development of a self-management psychosocial intervention for men with prostate cancer and their partners: lessons learnt from the ‘real world’**

**Background:** The purpose of this feasibility study was to investigate the acceptability of a psychosocial intervention to men with prostate cancer and their partners, and to gain feedback from the facilitators, participants and non-participants to make changes to and enhance the intervention.

**Methods:** The Medical Research Council (MRC) framework for Randomised Controlled Trials of complex interventions guided intervention development. The intervention was assessed in terms of structure, process and outcome. Recruitment strategies, randomisation procedures and acceptability of questionnaires were also tested. The nine week group and telephone intervention commenced following treatment. The intervention focused on symptoms, sexual dysfunction, uncertainty, positive thinking and couple communication. Participants were assessed at baseline, immediately post-intervention and at one and six months post-intervention. Outcome measures included self-efficacy and quality of life. Process evaluation was conducted through a feedback questionnaire and qualitative interviews.

**Results:** Over the course of 12 months, 18 couples agreed to participate. There was no significant difference between the age of intervention group (Mean = 64.2, SD 7.6) and the control group (Mean = 62.3, SD = 5.9;  $t = 0.585$ ,  $p = 0.564$ ). One of the main reasons for declining participation was the group format. The small numbers prevented the determination of the effect of the programme on patient reported outcomes.

**Conclusion:** Participants were satisfied with the information provided, the structure of the programme and the level of support received. They stated it provided a focus and time for reflection, helped them prioritise issues as couples and made them more aware of their behaviour, needs and wants within their relationship. They valued the group format and peer encouragement attained through this. The partners appeared to have particularly gained from the intervention. Further research is needed to enhance recruitment and target ‘hard to reach’ men.

**Research implications:** Many lessons were learnt. Despite the adoption of ‘male friendly’ recruitment strategies, getting potential participants to agree to take part in a group was challenging. The practicalities of organising the groups was difficult given the geographical

location of participants (there was no convenient group for some of the men who had agreed to take part) and administrative logistics of getting the facilitators/participants to agree dates.

**Clinical Implications:** In response to the findings, and in an attempt to address some of the problems highlighted, a BriefCONNECT intervention is currently being developed, which would involve a tailored one-to-one one off intervention for men on completion of cancer treatment.

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